

Gary D. Crenshaw  
Mayor

Phone (270) 692-6272

CITY OF LEBANON  
P.O. BOX 840  
118 S. PROCTOR KNOTT AVENUE  
LEBANON, KY 40033

Lori Hamilton  
Tax Administrator

Fax (270) 692-4638

## BUSINESS LICENSE APPLICATION

☐ New Business ☐ Renewal ☐ Update/Change of Information

Type of License:

- |   |   |
|---|---|
| <input type="checkbox"/> Standard \$25.00/Yr                          | <input type="checkbox"/> Collection Agencies \$100.00/Yr              |
| <input type="checkbox"/> Al Fresco \$10.00/Yr                         | <input type="checkbox"/> Day Merchants \$35.00/Day or \$100.00/Yr     |
| <input type="checkbox"/> Auctioneers \$10.00/Day or \$100.00/Yr       | <input type="checkbox"/> Itinerants \$10.00 per employee, per job     |
| <input type="checkbox"/> Auction House/Lot \$10.00/Day or \$100.00/Yr | <input type="checkbox"/> Pawnbrokers \$100.00/Yr                      |
| <input type="checkbox"/> Billiards \$100.00/ Yr                       | <input type="checkbox"/> Sales Agents/Reps \$10.00/Day or \$100.00/Yr |

APPLICANT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DBA (or) AKA: \_\_\_\_\_

OWNER(S): \_\_\_\_\_

FEDERAL EMPLOYER ID (TAX ID): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

Date Business Started in Lebanon: \_\_\_\_\_

Form of Business:

- ☐ Individual Owner ☐ Corporation ☐ Other \_\_\_\_\_  
☐ Fiduciary ☐ Partnership

Was business acquired from a previous licensee? ☐ Yes ☐ No

Do you have employees working within city limits? ☐ Yes ☐ No Number of Employees: \_\_\_\_\_

Basis of Accounting: ☐ Cash ☐ Accrual

Accounting Period: ☐ Calendar Year ☐ Fiscal Year \_\_\_\_\_ To \_\_\_\_\_

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will comply with the City of Lebanon Business Rules & Regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please Remit To: City of Lebanon  
P.O. Box 840, Lebanon, KY 40033